

Request for Equipment and Supplies

Name _____

Date __/__/__

Volunteer Group _____

Kit # _____

Number of Stations Monitored _____

Please check the appropriate box(s) for needed equipment and supplies, if additional quantities are required please specify quantity needed. **If * is by item, please ship us the empty chemical bottles or equipment. Please include shipping address and email address for every supply request form submitted.**

- | | |
|---|--|
| <input type="checkbox"/> 2-ounce metals bottles | <input type="checkbox"/> manganese sulfate |
| <input type="checkbox"/> 250 ml nutrient jar with sulfuric | <input type="checkbox"/> nitric acid (HNO ₃) |
| <input type="checkbox"/> 500 ml nutrient jug | <input type="checkbox"/> phenolphthalein indicator* |
| <input type="checkbox"/> KCL/probe solution* | <input type="checkbox"/> pH buffers 4 -7-10 large/small(circle needed) |
| <input type="checkbox"/> alkalide iodide | <input type="checkbox"/> sodium thiosulfate* |
| <input type="checkbox"/> ammonia buffer* | <input type="checkbox"/> starch solution |
| <input type="checkbox"/> BGMR* | <input type="checkbox"/> Metals/Nutrient Labels (circle one) |
| <input type="checkbox"/> EBT* | <input type="checkbox"/> metals filters |
| <input type="checkbox"/> EDTA * | <input type="checkbox"/> pH probe/meter* (circle one) |
| <input type="checkbox"/> deionized water* | <input type="checkbox"/> thermometer |
| <input type="checkbox"/> Sulfuric Acid (H ₂ SO ₄)* | <input type="checkbox"/> syringe |
| <input type="checkbox"/> sulfamic acid powder pillow | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |

Shipping Address: _____

Email Address: _____

Comments: _____

River Watch Staff

Date Shipped: _____